

LEONARD BLOOM & ASSOCIATES, LLC

401 Washington Avenue, Suite 905

Towson, Maryland 21204

DOCKET NO. 20344-PA**DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled CELL-CULTURE AND POLYMER CONSTRUCTS, the specification of which

(check one) ☒ [X] is attached hereto,
☐ [] was filed on _____

as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			<input type="checkbox"/> [] YES <input type="checkbox"/> [] NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)
60/081,016	08 April 1998	abandoned
60/104,842	20 October 1998	abandoned
60/165,608	November 15, 1999	pending
09/275,319	March 24, 1999	pending

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in The Patent and Trademark Office connected therewith:

LEONARD BLOOM - Reg. No. 18,369
JAMES R. GAFFEY - Reg. No. 20,259

ROBERT M. GAMSON - Reg. No. 32,986
SAM ROSEN - Reg. No. 37,001

SEND CORRESPONDENCE TO: LEONARD BLOOM & ASSOCIATES, LLC, 401 Washington Avenue, Suite 905,
Towson, Maryland 21204 (410) 337-2295

201	FULL NAME OF INVENTOR	FAMILY NAME HUNGERFORD	FIRST GIVEN NAME David	SECOND GIVEN NAME S.
	RESIDENCE & CITIZENSHIP	CITY Cockeysville	STATE OR FOREIGN COUNTRY Maryland	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 10715 Pot Spring Road, Cockeysville, Maryland 21030		
202	FULL NAME OF INVENTOR	FAMILY NAME FRONDOZA	FIRST GIVEN NAME Carmelita	SECOND GIVEN NAME G.
	RESIDENCE & CITIZENSHIP	CITY Woodstock	STATE OR FOREIGN COUNTRY Maryland	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 9707 Slalom Run Drive, Woodstock, Maryland 21163		
203	FULL NAME OF INVENTOR	FAMILY NAME SHIKANI	FIRST GIVEN NAME Alan	SECOND GIVEN NAME H.
	RESIDENCE & CITIZENSHIP	CITY Ruxton	STATE OR FOREIGN COUNTRY Maryland	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 11 Johnson Mill Road, Ruxton, MD 21204		
204	FULL NAME OF INVENTOR	FAMILY NAME DOMB	FIRST GIVEN NAME Abraham	SECOND GIVEN NAME J.
	RESIDENCE & CITIZENSHIP	CITY Efrat	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 16 Migdal Eder Street, Efrat 90435 Israel		
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Dennis H. Hines
SIGNATURE OF INVENTOR 201

DATE 11/1/00

Carmelita H. Fromage
SIGNATURE OF INVENTOR 202

DATE 11/07/00

At Home
SIGNATURE OF INVENTOR 203

DATE 11-07-00

SIGNATURE OF INVENTOR 204

SIGNATURE OF INVENTOR 205

SIGNATURE OF INVENTOR 206

DATE _____

DATE _____

DATE _____

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DATE _____

DATE _____

DATE _____

Abraham J. Domb
SIGNATURE OF INVENTOR 204

SIGNATURE OF INVENTOR 205

SIGNATURE OF INVENTOR 206

DATE Nov. 11. 2020

DATE _____

DATE _____